CERTIFICATE OF SERVICE

I, PAM	HALLEY	, (ertify that I am	, and at all times	during the
	(name) vas, not less than 18 yea I further certify that th	ars of age and not	a party to the n	natter concerning	which service of
12/17/09 (date)	by:	ie service of this s	summons and a	copy of the con	ipiaint was made
Mail Service: Ro James E. C 5806 McCa Oxforl jor	egular, first class United Seyer Rd 1 45056	l States mail, posta	ge fully pre-pai	d, addressed to:	
Personal Service	e: By leaving the proces	s with defendant o	r with an office	r or agent of defe	endant at:
Residence Servi	ce: By leaving the proce	ess with the follow	ing adult at:		
Certified Mail So to the following	ervice on an Insured Dep officer of the defendant	oository Institution: t at:	By sending the	process by certifi	ied mail addressed
					·
Publication: The	e defendant was served a	as follows: [Descri	ibe briefly]		
i .	·				e de la companya de La companya de la co
State Law: The as follows: [Des	defendant was served pr	ursuant to the laws	of the State of		
as follows. [Des	cribe briefly]			(name	of state)
Under pe	nalty of perjury, I declar	re that the foregoin	ng is true and co	orrect.	
12/21/09		Par	n Hell	1 Ng	
Date			7.00	Signature	
	Print Name PAIN	1 HALLE	Y		
	Business Address	640 Bea	r Run	Lane	
	City Lews Co	wher State (H Zip 4	3035	